Montana Department of Public Health & Human Services SUBSTANCE ABUSE MANAGEMENT SYSTEM

CLIENT DRUG MATRIX FORM

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Name:		Account #:	Account #:						
Program #		Facility							
	Admission		Discharge						
		Drug Matrix (Primary)							
Primary Drug of Choice:									
Drug Details:									
Frequency of Use:									
☐ No Use in Pa	ast Month	1-2 Times Per Week	☐ Daily						
1-3 Times in	Past Month	3-6 Times Per Week							
Age of First Use (in	า years)								
Usual Route of Adı	ministration:								
☐ Oral		Inhalation	Other						
\square Smoking		☐ Injection							
Route Details:									
	С	Orug Matrix (Secondary)							
Secondary Drug of	Choice:								
Drug Details:									
Frequency of Use:									
☐ No Use in Pa	ast Month	1-2 Times Per Week	☐ Daily						
☐ 1-3 Times in	Past Month	3-6 Times Per Week							
Age of First Use (in	n years)								
Usual Route of Adı	ministration:								
☐ Oral		Inhalation	Other						
☐ Smoking		☐ Injection							
Route Details:									

Form last updated: 09/30/2008

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Name:			Account #:								
Program #					Facility						
Drug Matrix (Tertiary)											
Tertiary Drug of Choice:											
Drug Details											
Frequency o	f Use:										
☐ No Use in Past Month				1-2 Times Per Week				Dai	ily		
☐ 1-3 Times in Past Month ☐ 3-6 Times Per Week											
Age of First Use (in years)											
Usual Route	of Admin	istratio	า:								
☐ Oral] Oral										
☐ Smoki	ng			🗌 Inj	iection						

Route Details:

Form last updated: 09/30/2008